Department of Health - Wastewater Branch Individual Wastewater System (IWS) - Construction Inspection Report

For Big Island, Hawaii Use Only Please Print or Type Inspector's Name: ______ Date of Inspection: ___/____ TMK: <u>(3) - - : IWS File #: _____</u> Project Name: _____ Address: ____ Subdivision: _____ Area: _____ IWS Contractor : ______ License #: _____ Telephone #: _____ Fax #: _____ _____ Grease Interceptor (If applicable): Make / Model: _____ Size: ____ Septic Tank / Aerobic Unit (circle one): Make / Model: _____ Size: ____ **Disposal System:** Trenches / Bed (circle one): Gravel & Lining verified: Yes / No (circle one) Soil Replacement: Yes / No (circle one) Seepage Pit: Depth: _____ Pit Lining Type: ___ Diameter: _____ If not lined, attach justification **House Construction:** Completed / Partial / Staked (circle one) Setback Distance between IWS and the Following (shortest distance) are measured and recorded on as-builts. At least three (3) distinct points referenced: Buildings: Property Line: Stream: Ocean at vegetation line: _____ Wells: **Item Verified:** Yes / No / NA Manhole / Inspection Ports to Grade ______

Existing Cesspool: Abandoning Large Capacity Cesspool Receiving (If you answer YES, please submit "LCC Backfilling Completion Report" Form) Filled and Abandoned _ _

	Pumped and Cleaned Before Reuse as Seepage Pit
	e (3) Feet of Suitable Soil Below Trench / Bed
Site Evalua	tion: (Note: Soil percolation test is required during IWS plan submittal)
	Soil Percolation Tests Conducted at a Minimum Depth of Three (3) Feet
	Soil Profile Observation at a Minimum Depth of Five (5) Feet Submitted During Design
test	au answer NO to one of the questions above, please attach a site evaluation / percolation form showing the three (3) feet percolation test and the soil profile observation at a mum depth of five (5) feet.
List of Cha	nges Made to Approved IWS Plans:
As the en one):	gineer performing the above final IWS inspection, see the following statement (check
	The IWS has been installed in strict accordance with the plans that were submitted and approved of by the Department of Health.
	The noted deficiencies and / or changes to the approved plans have been addressed by the homeowner, contractor, and myself and the final as built IWS is acceptable to me.
	The final construction of the IWS cannot be completed for the following reasons:
	The construction of the IWS is not in accordance with the approved plans and I do not accept the changes made to the plans designed by me.
Signature, S	tamp Date
Enclosures:	As-Built Plans, Stamped and Signed by Engineer Photographs of Treatment Unit, Disposal System,

Overview of IWS

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